

**HUNTERDON COUNTY DIV. OF PARKS & REC
SUMMER NATURE PROGRAM
CHILD HEALTH RECORD – PLEASE USE BLACK INK**

TODAY'S DATE _____

CHILD NAME _____

Date of Birth _____ Male _____ Female _____

Entering Grade _____ this coming Fall

Parent/Guardian _____ Phone (h) _____ (w) _____

Address _____
Street Town State Zip

E-mail _____ Cell Phone _____

- Check here to be added to our E-mail List.
- Check here to give your consent to distribute your info to other parents for a carpool list.

EMERGENCY CONTACT(S) - OTHER THAN PARENT/GUARDIAN - ONE REQUIRED
NAME _____ PHONE _____

Relationship _____

NAME _____ PHONE _____

Relationship _____

Physician(s) Name and Number _____

Does your child have an allergy to: Penicillin Foods Bee/Wasp stings Other: _____

If yes, please describe: _____

Does your child carry an EpiE-ZPen? yes _____ no _____ Date of last tetanus shot: _____

Is your child a diabetic? yes ___ no ___ If yes, please describe: _____

Is your child presently on medication? yes ___ no ___ If yes, please describe: _____

Are there other health concerns of which the staff should be aware? _____

PARKS DIV. STAFF ARE NOT CERTIFIED TO ADMINISTER MEDICATION. CHILDREN MUST TAKE THEIR MEDICATION AT HOME OR BE ABLE TO SELF MEDICATE. THE STAFF WILL BE HAPPY TO REMIND CHILDREN WHEN IT IS TIME. THE PARKS DIV. STAFF RENDERS FIRST AID ONLY. IN THE EVENT OF INJURY, THE RESCUE SQUAD WOULD TRANSPORT TO THE NEAREST HOSPITAL.

IMPORTANT-PLEASE READ THE FOLLOWING STATEMENT: I hereby waive and release all rights and claims for damages against the Hunterdon County Division of Parks & Recreation and their employees and agents for all injuries which may be sustained by the herein named minor(s) or myself while participating in the Summer Nature Program. I understand the content of the program and the risks of personal injury therein. I also give my permission for employees of the Hunterdon County Division of Parks & Recreation and the Hunterdon Medical Center (or closest medical facility to the activity site) to admit me or my child for EMERGENCY medical treatment that would become necessary as a result of a medical emergency during this program. I also give permission to the Hunterdon County Division of Parks & Recreation to make noncommercial use of any activity photographs of myself or my child. Any information provided will be treated with confidentiality and will allow the Park Division to better serve individuals attending programs.

ACCESSIBILITY STATEMENT: It is the policy of the Hunterdon County Division of Parks & Recreation to provide reasonable accommodations to persons with disabilities upon advance notice of need. Persons requiring accommodations should request 10 days prior to program attendance.

Parent/Guardian Signature: _____ Date: _____

Return all **THREE COPIES** of the Health form & the SNP registration form to: County of Hunterdon - Department of Parks & Recreation, PO Box 2900, Flemington, NJ 08822

<p>Official use only: DO NOT write in this box</p> <p>Group: _____</p> <p>Session Letter: _____</p> <p>Session Dates: _____</p> <p>Session Location: _____</p> <p>Fee paid: _____ T-shirt: _____</p>
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